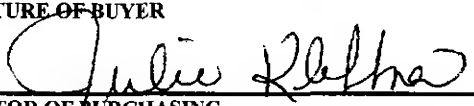
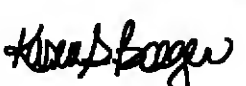


## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

*muc*

*REFS30034901700042*

<b>CONTRACT NUMBER</b> CS170042005	<b>CONTRACT TITLE</b> Alternatives to Abortion Program Services
<b>AMENDMENT NUMBER</b> Amendment #001	<b>CONTRACT PERIOD</b> July 1, 2017 through June 30, 2018
<b>REQUISITION/REQUEST NUMBER</b> NR 886 DFA18000005	<b>SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID</b> 43169397000/MB00097817
<b>CONTRACTOR NAME AND ADDRESS</b> LACLEDE COUNTY PREGNANCY SUPPORT CENTER PO BOX 373 525 S WASHINGTON LEBANON MO 65536	<b>STATE AGENCY'S NAME AND ADDRESS</b> Department of Social Services Division of Finance & Administration Svs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract CS170042005 is hereby amended pursuant to the attached amendment #001, dated 08/01/17.	
<b>BUYER</b> Julie Kleffner	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:julie.kleffner@oa.mo.gov">julie.kleffner@oa.mo.gov</a> Phone: (573) 751-7656 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 8-25-17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 001  
CONTRACT NO.: CS170042005  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER  
PO BOX 373 525 S WASHINGTON  
LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME		MissouriBuys SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Laclede County Pregnancy Support Center		MB00097817	
MAILING ADDRESS			
PO Box 373			
CITY, STATE, ZIP CODE			
Lebanon, MO, 65536			
CONTACT PERSON		EMAIL ADDRESS	
Shawn Dickerson or Abigail Chisom		<a href="mailto:abigail@psc-lebanon.org">abigail@psc-lebanon.org</a> or <a href="mailto:info@psc-lebanon.org">info@psc-lebanon.org</a>	
PHONE NUMBER		FAX NUMBER	
417-532-8555		417-532-8152	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
APPROVED SIGNATURE		DATE	
		8/1/2017	
PRINTED NAME		TITLE	
Shawn Dickerson		CEO	

Contract CS1700420005

Page 2

AMENDMENT #001 TO CONTRACT CS1700420005CONTRACT TITLE: Alternatives to Abortion Program ServicesCONTRACT PERIOD: July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 5	\$ <u>60,888</u> ( <i>\$60,888.00</i> )	maximum annual total price
Geographic Region 7	\$ <u>114,925</u> ( <i>\$114,925.00</i> )	maximum annual total price
Geographic Region 8	\$ <u>38,442</u> ( <i>\$38,442.00</i> )	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

## Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri – Department of Social Services, Division of Finance & Administrative Services, Broadway State Office Building, 221 W. High St., Room 310, P.O. Box 1082, Jefferson City, MO 65102-1082. May be faxed to 573/751-7598 or emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) by the Contractor only.*

Authorized person requesting purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

**Missouri Office of Administration**

**A2A Quarterly Expenditure Report**

Agency: [Insert Agency Name]

Contract Number:

*Program Year July 1, 2017 - June 30, 2018*

**Revenue**

Revenue Request

**Federal (TANF)**

\$ -

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

**Total Indirect Administrative Costs**

\$ -

**Direct Administrative Costs**

**Federal (TANF)**

Program Salaries and Wages

\$ -

Employee Benefits

\$ -

Employee Travel

\$ -

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ -

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ -

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ -

**Participant Services**

**Federal (TANF)**

Transportation

\$ -

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ -

Emergency Shelter

\$ -

Housing Assistance

\$ -

(add others as needed)

\$ -

**Total Participant Costs**

\$ -

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]

Date

**Alternatives to Abortion CS1700420005**  
**Amendment #001**  
**Laclede County Pregnancy Support Center**  
**Submitted by Abigail Chisom, 417-532-8555**

**Budget/Price Analysis and Narrative**

**Geographic Region 5 – total award requested \$60,888**

**Direct Administrative Costs**

Program Salaries and Wages	\$17,000.00	
Employee Benefits	\$ 1200.00	
Employee Travel	\$ 400.00	
Office Utilities	\$ 1000.00	
Facility Insurance	\$ 600.36	
Office Supplies	\$ 501.00	
Office Communications	\$ 913.00	
Office Repairs/Maintenance	\$ 500.00	
Contract/Consulting	\$ 1522.00	
Indirect Admin. Costs	\$ 2363.64	
Total Administrative Costs		\$26,000

The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region is fairly low because most clients in this region are able to come to the facility and do not require regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

**Participant Services**

Transportation	\$ 2100.00	
Job Training	\$ 300.00	
Tuition Assistance	\$ 300.00	
Residential Housing	\$ 4700.00	
Utility Assistance	\$ 3188.00	
Emergency Shelter	\$ 700.00	
Housing Assistance	\$12,200.00	
Child Care	\$ 1000.00	
Clothing	\$ 600.00	
Supplies	\$ 3500.00	
Food	\$ 300.00	
Other Services	\$ 6000.00	
Total Participant Services		\$34,888

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.

**Alternatives to Abortion CS1700420005**  
**Amendment #001**  
**Laclede County Pregnancy Support Center**  
Page 2

Geographic Region 7 – total award requested \$114,925

**Direct Administrative Costs**

Program Salaries and Wages	\$31,500	
Employee Benefits	\$ 2205	
Employee Travel	\$ 1000	
Office Utilities	\$ 1575	
Facility Insurance	\$ 1100	
Office Supplies	\$ 2400	
Office Communications	\$ 1000	
Office Repairs/Maintenance	\$ 200	
Contract/Consulting	\$ 2900	
Indirect Admin. Costs	\$ 4388	
Total Administrative Costs		\$48,268

The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region reflects a larger percentage of clients requiring regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

**Participant Services**

Transportation	\$ 4000	
Job Training	\$ 400	
Tuition Assistance	\$ 400	
Residential Housing	\$ 9500	
Utility Assistance	\$ 6500	
Emergency Shelter	\$ 1200	
Housing Assistance	\$22,000	
Child Care	\$ 3000	
Clothing	\$ 1200	
Supplies	\$ 7500	
Food	\$ 957	
Other Services	\$10,000	
Total Participant Services		\$66,657

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.

**Alternatives to Abortion CS1700420005**  
**Amendment #001**  
**Laclede County Pregnancy Support Center**  
Page 3

Geographic Region 8 – total award requested \$38,442

Direct Administrative Costs

Program Salaries and Wages	\$10,000	
Employee Benefits	\$ 700	
Employee Travel	\$ 1000	
Office Utilities	\$ 447	
Facility Insurance	\$ 300	
Office Supplies	\$ 500	
Office Communications	\$ 380	
Office Repairs/Maintenance	\$ 350	
Contract/Consulting	\$ 1000	
Indirect Admin. Costs	\$ 1468	
Total Administrative Costs		\$16,145

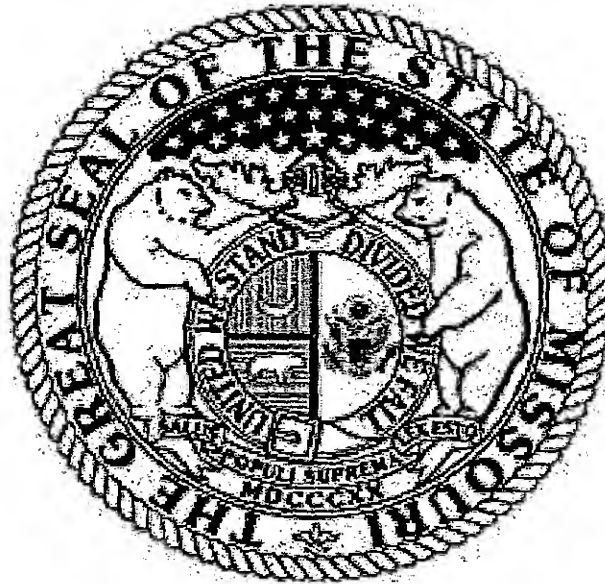
The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region reflects a larger percentage of clients requiring regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

Participant Services

Transportation	\$ 1155	
Job Training	\$ 200	
Tuition Assistance	\$ 200	
Residential Housing	\$ 2690	
Utility Assistance	\$ 1925	
Emergency Shelter	\$ 1000	
Housing Assistance	\$ 7304	
Child Care	\$ 1000	
Clothing	\$ 500	
Supplies	\$ 1535	
Food	\$ 190	
Other Services	\$ 4598	
Total Participant Services		\$22,297

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.





**State of Missouri**  
**OFFICE OF ADMINISTRATION**

Division of Purchasing  
Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

**Kleffner, Julie**

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, August 16, 2017 4:03 PM  
**To:** Kleffner, Julie  
**Subject:** FW: CS170042005/Laclede Co  
**Attachments:** CS170042005-002 (Laclede Co Prg Ctr - FY18) APPROVED 8-16-17.pdf

Please see attached.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, August 16, 2017 4:01 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: CS170042005

Mary Ann,  
Please find attached the amendment and "APPROVED" budget for Laclede County Pregnancy Support Center.

The original documents received were a copy of Laclede's response to the RFP in relation to how the budget would be broken down based upon the example that was given. Laclede was contacted and asked to submit a budget breakdown and budget narrative for each region awarded. The new documents are included in the attached.

Thanks.

*Joy E Benne, Fiscal Administrative Mgr.*  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, August 08, 2017 3:22 PM  
**To:** Benne, Joy  
**Subject:** FW: CS170042005

Please review the attached amendment for Laclede Co Pregnancy Support Center and advise if acceptable.  
Thanks.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie

**Sent:** Tuesday, August 08, 2017 3:20 PM

**To:** Morrison, Mary Ann

**Subject:** CS170042005

Please review and advise if acceptable to proceed.

Julie Kleffner, CPPB

Division of Purchasing

Harry S Truman Bldg, Room 630

Post Office Box 809

Jefferson City MO 65102-0809

Phone: 573-751-7656

Fax: 573-526-9816



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 001  
CONTRACT NO.: CS170042005  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 751-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER  
PO BOX 373 525 S WASHINGTON  
LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME		MissouriBUY'S SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
Laclede County Pregnancy Support Center		MB00097817	
MAILING ADDRESS			
PO Box 373			
CITY, STATE, ZIP CODE			
Lebanon, MO, 65536			
CONTACT PERSON		EMAIL ADDRESS	
Shaun Dickerson or Abigail Chisom		<a href="mailto:abigail@psclebanon.org">abigail@psclebanon.org</a> or <a href="mailto:info@psclebanon.org">info@psclebanon.org</a>	
PHONE NUMBER		FAX NUMBER	
417-532-8555		417-532-8152	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
APPROVED SIGNATURE		DATE	
		8/1/2017	
PRINTED NAME		TITLE	
Shaun Dickerson		CEO	

Contract CS1700420005

Page 2

AMENDMENT #001 TO CONTRACT CS1700420005CONTRACT TITLE: Alternatives to Abortion Program ServicesCONTRACT PERIOD: July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 5	\$ <u>60,888</u> (\$60,888.00)	maximum annual total price
Geographic Region 7	\$ <u>114,925</u> (\$114,925.00)	maximum annual total price
Geographic Region 8	\$ <u>38,442</u> (\$38,442.00)	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

525 S. Washington  
P.O. Box 373  
Lebanon, MO 65536

Laclede County Pregnancy  
Support Center

---

*Fax Transmittal Form*

To— OA

Attn: Julie Kleffner  
Phone number:  
Fax number: 573-526-9816

FROM

Abigail Chisom, Assistant Director

Phone number: 417-532-8555  
Fax number: 417-532-8152  
Email: Abigail@psclebanon.org

Date sent: 8/7/2017  
Time sent: 12:20 pm  
Number of pages including cover page: 3

---

Message:

Attached is Amendment 001 for the A2A program.

Thanks,  
Abigail Chisom

AUG/08/2017/TUE 12:14 PM Pregnancy Center

FAX No. 417 532 8152

P. 001

Laclede County Pregnancy  
Support Center

525 S. Washington  
P.O. Box 373  
Loburn, MO 65534

*Fax Transmittal Form*

To: OA

Attn: Julie Klefner

Phone number:

Fax number: 573-524-9816

From:

Abigail Chism, Assistant Director

Phone number: 417-532-8555

Fax number: 417-532-8152

Email: [Abigail@pssdclean.org](mailto:Abigail@pssdclean.org)

Date sent: 8/8/2017

Time sent: 2:20 pm

Number of pages including cover page: 4

Message:

Attached is a Budget Narrative and Price Analysis for the A2A program.

Thanks,

Abigail Chism

RPTSC4034901700042

**Leslie County Pregnancy Support Center  
Budget Narrative and Budget Price Analysis**

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

\*\*\*\*\*

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

**Narrative:** Jessica will be invited to come in for an initial assessment with a professional case manager. Since Jessica lives 15 miles away from our facility it will be determined if there is another Alternative to Abortion provider in closer proximity to her home or if she is receiving Alternatives to Abortion program services from another provider. If she chooses to proceed with applying for services, the professional case manager will determine Jessica's eligibility. Jessica is a Missouri resident and it is determined that she meets the 185% of federal poverty level. She has also brought in a pregnancy verification that she obtained earlier from a nurse at the LCPSC. The professional case manager will make copies of Jessica's driver's license, Medicaid card and will obtain her Social Security number. These will be placed in Jessica's client folder which will ultimately be placed in a locked file cabinet and maintained for five years minimum.

Having determined Jessica's eligibility, the professional case manager will enroll her into the program obtaining Jessica's written consent on the Individual Risk and Needs Assessment Form. The professional case manager will proceed to complete the Individual Risk and Needs Assessment. Though it is allowable to do within a seven day period, due to Jessica's lack of transportation, the professional case manager decides to also conduct the Initial Client Assessment and a domestic violence screening with Jessica in order to document risk factors and services needed to minimize the risk of abortion and to complete the pregnancy. Jessica will be assigned a case manager and will be provided with contact information for office hours and for the case manager's phone which is available for calls 24 hours a day and 7 days a week in the event of an emergency. Jessica has no immediate needs but is given assistance to apply for WIC, LIHEAP and SNAP. Jessica makes an appointment to return in one week to continue case management and begin Prenatal and Parent Education and Parenting Skills Training. Jessica will also ask the father of the baby if he will attend classes with her.

Jessica returns alone in one week and brings with her the documentation to show that she applied for WIC, SNAP, and LIHEAP. These will be placed in Jessica's client folder and maintained for five years minimum. She has begun receiving WIC vouchers but the other programs are pending. Jessica does a class on the importance of taking folic acid in the prevention of neural tube defects and the session is followed by case management. She is informed again that she will be required



BWP330034901700042

to attend a minimum of one monthly case management visit while enrolled in the Alternatives to Abortion program. At each visit she and her case manager will work on addressing her Individual Risk and Needs Assessment to identify and address urgent issues. Visits may also include identification of specific measurable objectives and strategies for client education regarding available services and support systems. The case manager will also identify and provide referrals for additional client services that are needed by the client and outcome goals for those referrals.

At one visit Jessica is given some referrals for rent assistance as she may need assistance soon since neither she nor her boyfriend is working. The case manager also discussed the benefits of moving into town since she is dependent on friends and family for transportation. Moving to town would bring her closer to school, doctors and the LCPSC. Jessica isn't sure but takes referrals for income based housing in town. During future case management visits, Jessica and her case manager will work on a budget to include saving for a car and other transportation costs. Today Jessica's case manager refers Jessica to the WIA program at the local career center. This program can provide financial assistance to Jessica if she proceeds with her plan to attend college.

In future case management sessions, Jessica receives rent and utility assistance twice as all other agencies are out of funding. She is helped to obtain FAFSA so she may apply for college and begin to pursue her career as a nurse. Jessica and her boyfriend want to know more about adoption and her case worker provides referrals to several good agencies. A meeting with an adoption worker is scheduled. Jessica continues to attend Parental Parent Education and Parenting Skills Training and the father of the baby attends sporadically. Her case manager provides job referrals to the young man but he doesn't appear to make much effort to find employment.

After meeting with the adoption worker, the boyfriend pressures Jessica to place the baby for adoption but she has decided to keep her baby. She believes with her new found support system she will be able to parent her baby and still pursue her schooling. The boyfriend has decided that he doesn't want to be a part of Jessica's or the baby's lives. With her case manager's assistance she makes the decision to apply for income based housing. She is accepted and her housing deposit of \$575 and her utility deposit of \$100 are paid through the Alternatives to Abortion grant. In the future her rent will be subsidized by the Housing Authority and she will also receive some utility assistance from LIFEAP. Her case manager encourages her to look for part-time work for other expenditures and once again refers her to the career center.

In preparation for the arrival of Jessica's baby, she will be able to gather baby clothing and furnishings through the LCPSC resource market, the local free store and other community options. The case manager will assure that Jessica's baby will have a safe sleep environment and finding nothing available, purchases Jessica a Pack and Play approved by the 2011 American Academy of Pediatrics Recommendations. She also purchases a car seat and stroller since she has no car and will walk to some places. Jessica is able to get part time work at McDonalds but is still struggling financially and will need help with essential items for her baby and those would be purchased for her after all other sources have been exhausted.

Ultimately Jessica and her case manager's goals are for her to have a positive birth outcome and to complete LPN school enabling her to provide for herself and her child. Her case manager will support and help Jessica focus on her goals but Jessica knows she is the only one who can see her goals accomplished. The case manager meets with her an average of every two weeks and has been committed to reworking Jessica's personalized plan and resetting goals as Jessica's situation changes. The case manager is committed to adjusting the plan as needed and finding the best possible way for Jessica to succeed.

It is assumed that the fictional client, Jessica, will stay in the program until she is one year post-partum. Given this information, along with the fact that she is currently 6 weeks pregnant, the

RFP53034981710042

LCFSC could reasonably expect to serve this client for 48 weeks or about 22 months. For our purposes here, only the first year's expenses will be explored. Our professional case manager would meet with Jessica for her initial paperwork, approximately five months later and again after the baby's birth and eight weeks later to perform a post-partum depression screening adding up to approximately four professional case management sessions. Based on a goal of meeting weekly for prenatal and parenting skills classes, we would expect our educator to meet approximately 47 times (90% attendance rate) with this client. Jessica's case manager would expect to meet at least twice a month and possibly a couple of extra visits to address urgent or unexpected needs averaging about 35 case management visits over the course of her time in the Alternatives to Abortion Services Program.


Jessica will need help with transportation. Because this is a rural area, buses are not an option. Until she can save up for a car, Jessica will rely on friends and family, the QATS bus, Medicaid transport or a taxi. It is likely that Jessica would need at least \$400 in transportation assistance for school, work, classes and medical appointments (based \$10 per round trip with 50 LCFSC visits at and 20 trips to school and job interviews).

<b>12 month analysis</b>		
Professional Case Management	5 visits @ \$45	\$ 225.00
Parenting Classes	47 visits @ \$25	\$1175.00
Case Management	36 visits @ \$25	\$ 900.00
Rent and Rent Deposit		\$1725.00
Transportation		\$ 700.00
Utility Assistance		\$ 650.00
Supplies		
Car seat with stroller		\$ 150.00
Pack N Play		\$ 100.00
Miscellaneous (diapers, etc.)		\$ 275.00
<b>Subtotal</b>		<b>\$6900.00</b>
Administrative cost (10%)		\$ 690.00
<b>Total cost</b>		<b>\$6490.00</b>

Total price: \$6490 per year (provide a price analysis)  
 Total price: \$540 per month (provide a price analysis)

# MEMORANDUM

Office of Administration  
Division of Purchasing

**TO:** Laura Ortmeyer  
**FROM:** Julie Kleffner   
**DATE:** July 19, 2017  
**RE:** Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*"

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

**Kleffner, Julie**

---

**From:** Benne, Joy  
**Sent:** Wednesday, July 19, 2017 3:42 PM  
**To:** Morrison, Mary Ann; Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal  
**Attachments:** RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:39 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:29 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know.

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov) or by phone at 573-526-3433.

**Kleffner, Julie**

---

**From:** Abigail Chisom <abigail@pscledabanon.org>  
**Sent:** Tuesday, July 18, 2017 12:23 PM  
**To:** Benne, Joy  
**Subject:** RE: A2A FY18 Funding

Hi Joy,

Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.

Thank you,

Abigail Chisom  
Assistant Director  
Laclede County Pregnancy Support Center  
417-532-8555

---

**From:** Benne, Joy [mailto:Joy.E.Benne@dss.mo.gov]  
**Sent:** Tuesday, July 18, 2017 11:57 AM  
**To:** 'Abigail Chisom'  
**Subject:** A2A FY18 Funding

Abigail,

Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. this communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) or by phone at 573-751-7027.

Revised 08/17/15

NR886 DFA18000005

<b>1. Indicate Contract Amendment Type</b>							
RENEWAL: <u>1</u>		PERIOD OF <u>3</u>		TOTAL			
<input type="checkbox"/> Renewal - % Increase		<input type="checkbox"/> Cost Savings		Performance Security Deposit: \$			
<input type="checkbox"/> Renewal - \$ Increase		<input type="checkbox"/> Cost Savings		Surety Bond: \$			
<input type="checkbox"/> Renewal - W/O Increase				Annual Wage Order Number:			
<input type="checkbox"/> SFS Renewal - Prices In Original Contract				Annual Wage Order Date:			
<input type="checkbox"/> SFS Renewal - Prices Not in Original Contract				County(ies):			
<b>EXTENSION PERIOD:</b>							
<input type="checkbox"/> Extension - 30-Day							
<input type="checkbox"/> Termination							
<input type="checkbox"/> Extension - \$ Increase				<input type="checkbox"/> Cost Savings			
<input type="checkbox"/> Extension - W/O Increase							
<input type="checkbox"/> Assignment							
<input type="checkbox"/> Cancellation/Termination							
<input checked="" type="checkbox"/> Other Amendment							
<b>2. Preliminary Tasks/Verifications</b>							
A. Section 34.040.6, RSMo				Buyer/Section Support		DT 7-31-17	
B. Purchasing Suspension List				Buyer/Section Support		DT 7-31-17	
C. Federal Suspension - SAM.GOV				Buyer/Section Support		DT 7-31-17	
D. Labor Stds - OA/FMDC Contractor Debarment Lists				Buyer/Section Support			
E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 <sup>st</sup> Renewal - Blind/Shel Wkshp Affdvt				Buyer			
F. SFS Review/Justification - Insert Advertising Date, if applicable				Buyer			
<b>3. Prepare Contract Amendment</b>				Buyer/Section Support		DT 7-31-17	
<b>4. Review/Approve Contract Amendment (If Signature Required)</b>				Buyer		JK 7-31-17	
Initial		Supervisor		Section Manager		Asst Director	
Date				LO 8/1/17		Director	
<b>5. E-Mail/Fax Contract Amendment (If Signature Required)</b>				Buyer/Section Support		DT 8-1-17	
Contractor E-Mail Address/Fax Number				info@psc-lebanon.org		abigail@psc-lebanon.org	
State Agency Contact E-Mail Address				Maur Ann Morrison			
Section 34.040.6, RSMo, Letter				Follow-Up Notes:			
<b>6. Review Contract Amendment Response - Verifications</b>							
A. Renewal/Extension Pricing				Buyer/Section Support			
B. Section 34.040.6, RSMo				Buyer/Section Support			
C. Performance Security Deposit/Surety Bond				Buyer/Section Support			
D. Renewal/Extension with Cost Savings Language				Buyer			
E. Statewide Notice				Buyer			
F. SFS Authorized Limit \$				Buyer			
<b>G. Contract Assignment Only Verifications - Complete unless completed in Step 2 above.</b>							
1. E-Verify Exhibit/Affidavit/Documentation				Buyer/Section Support			
2. Assignment and Consent Form				Buyer/Section Support			
3. Purchasing Suspension List				Buyer/Section Support			
4. Federal Suspension - SAM.GOV				Buyer/Section Support			
5. Labor Stds - OA/FMDC Contractor Debarment Lists				Buyer/Section Support			
<b>7. Prepare Contract Amendment Award Document/Statewide Notice</b>				Buyer/Section Support		DT 8/22/17	
<b>8. Review/Approve Contract Amendment Award Document</b>				Buyer		JK 8-22-17	
Initial		Supervisor		Section Manager		Asst Director	
Date				LO 8/22/17		Director	
<b>9. Process Contract Amendment</b>				Buyer/Section Support		DT 8-25-17	
AM 300 PMM 00076388 m1				Buyer/Section Support		DT 8-25-17	
Distribute E-Verify & SDV Documents				Buyer/Section Support			
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact				Buyer/Section Support		DT 8-25-17	
Copy/Save As Statewide Notice to Internet Folder				Buyer/Section Support			
<b>10. Log Participation Commitment Information</b>				Central Support-Participation			
<b>11. Image Contract Amendment Packet</b>				Central Support-Imaging		JK 9-13	